

S/N 10/716,577

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Karen Giroux

Art Unit : 1618

Serial No. : 10/716.577

Confirm No.: 6252

Filed : November 18, 2003

Examiner : Blessing M. Fubara

Docket : 01435.062US1

Title : MEDICAL DEVICES EMPLOYING NOVEL POLYMERS

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In compliance with 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to MPEP 609, Applicant requests that a copy of the Form 1449, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

An Information Disclosure Statement filing fee of \$180.00 is submitted herewith. The Commissioner is hereby authorized to credit any overpayment or charge any additional fees to Deposit Account No. 503503.

Respectfully submitted,

Karen Giroux

By her Representatives,

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Date: January 7, 2009

By

Robert J. Harris

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CERTIFICATE OF TRANSMISSION: I hereby certify that this correspondence is transmitted by facsimile, by electronic transmission, or is being deposited with the United States Postal Service as first class mail with sufficient postage to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 this 7th day of January 2009.

Lynda Mau

Typed or Printed Name of Person Signing Certificate

Signature _____